

UTAH DIGITAL HEALTH SERVICE COMMISSION MEETING

Thursday, July 11, 2019, 10:00 AM – 12:00 PM MDT

Utah Department of Health
288 North 1460 West, Room 128
Salt Lake City, Utah

Minutes

Members Present: Teresa Rivera (Chair), Todd Bailey, Patricia Henrie Barrus, Mark Dalley (online), Henry Gardner, Craig Herzog, Ben Hiatt (online), Preston Marx, Randall Rupper (online), Tamara Richards, Sarah Woolsey

Members Absent: Peter Hannon, Ken Schaecher,

Staff Members: Navina Forsythe (UDOH), Kailah Davis (UDOH), Humaira Lewon (UDOH)

Guests: Dave Fletcher (DTS), Micah Vorwaller (UDOH), Sheila Walsh-Mcdonald (UDOH), Verena De Havenon (UDOH)

1. Welcome and Introduction /Call to Order:

Teresa welcomed everyone at 10:05 AM and there were brief introductions.

2. Approval of Minutes

MOTION 1: The May 2019 meeting minutes were reviewed and Sarah requested a correction. The motion for approval, if amended, was made by Sarah Woolsey, Todd Bailey seconded. All voted in favor.

Requested changes:

1. Add 'h' when referring to Sarah Woosley.

Action Item #1: Humaira will update the minutes to reflect the suggested changes.

3. Discussion Items

a. Public Meeting Act Training

Micah from Utah Department of Health (UDOH) provided the annual training on the Open and Public Meetings Act. During the meeting, the following were highlighted:

1. Purpose of the Act
 - Public bodies exist to aid in the conduct of the people's business.
 - The actions and deliberations of public bodies should be taken and conducted openly (meetings are supposed to open unless a statutory reason to close).
2. Meeting Requirements

- Notice of a meeting: a public body must give at least 24 hours' public notice before holding a meeting. The notice should include the agenda date time and place of each meeting. The 24 hour public notice is satisfied by posting a written notice at the principal office of the public body and posting the notice online at the Utah Public Notice Website.
 - Agenda: A public notice that is required to include an agenda must be specific enough to notify the public as to the topics to be considered at a meeting. Teresa asked about topics that are not on the agenda. Micah noted that the public body may discuss the topic but it cannot take any action on the topic.
 - Recordings and Minutes: The body must keep written minutes and a recording of all meetings. These materials should be posted on a public website; the recording should be posted within three business days and the draft minutes should be made available to the public within 30 days after the meeting.
 - Electronic meeting: UDHSC is an electronic meeting and it adopts the procedures necessary to govern the electronic meeting.
3. Emergency meetings are allowed and the 24-hour notice is not required; however, the body must give the best notice practicable (the notice should include time, place, and topics).
 4. Closed meetings: closed meetings can only be held if it meets one of the criteria in the "Open and Public Meeting Act" handout. Closed meetings have the same recording and minutes requirements as an open meeting. Also, the public body must announce the reasons for the closed meeting and enter the reasons into the minutes of the open meeting. Micah stressed that closed minutes are protected under The Government Records Access and Management Act (GRAMA).
 5. Disruptive behavior: statute allows the removal of a person.

Action Items: None

b. Utah Digital Citizen Integration Project (SB137)

Dave Fletcher from the Department of Technology Services (DTS) provided an overview of Utah Digital Government Technology Platform and the requirements of SB137. This bill establishes provisions related to a web portal through which a person may access from a single source information and services from multiple state entities. The project focuses on creating web portals (business and citizen portals) through which consumers can access various services from multiple state entities. The business portal will be completed in two phases: phase 1 is the development of the portal for the Department of Commerce (DOC), which will have an impact on professional licensing and Controlled Substance Database providers. Phase two of the business portal will expand to other State agencies such as the Department of Health (DOH).

Dave went on to explain that the citizen portal allows an individual, at a single point of entry, access to various State services such as immunization data, Women, Infants, and Children (WIC) program information, medical assistance program such as Medicaid. Dave noted that there are approximately 900 applications connected to the Utah.gov domain and about 1400 State services.

The citizen portal will streamline access to these services by providing a single of access to all services. DTS started working on similar technology with Utah Master Directory (UMD) since 2002 and is currently working on providing access to services through Amazon Echo and Google Assistant. The citizen portal will be fully operation by January 2025.

During the presentation, potential challenges with integrating the disparate systems were discussed. The challenges highlighted during the presentation include:

1. Diverse mechanisms for authentication: the systems may use different authentication methods, with few implementing multi-factor authentication or use of the Utah identifier (ID). Dave noted that DTS will work on standardizing the authentication method across as many State services as possible.
2. Identity resolution: recognizing the consumer's identity will be crucial to create a singular view of the consumer within the citizen portal ecosystem. As a result, DTS will work with DOH and The Shared Identification Services for Utahns (ThSisU) committee to match Utah IDs with these services.

Both the business and citizen portals will leverage the five platforms that comprise the Utah Digital Government Platform; in this platform, Internet of Things (IoT) will be the “vehicle” to connect the services and the Data and Analytics platform provides the core of the Utah Digital Government Platform (UDGTP); see presentation for more information. Moreover, DTS will focus on increasing artificial intelligence (AI) to help drive the platforms within UDGTP.

Several commissioners suggested services that would enhance the citizen portal. Sarah Woosley suggested the incorporation of coordinating cancer screening and WISEWOMAN while Henry Gardner suggested ambulatory services. Dave stated he will work with DOH to identify other potential health services to be included in the portal; Sheila Walsh-Mcdonald noted that the bill specifies a list of health services). However, Dave indicated that the inclusion of the ambulatory services would be challenging because although DTS has some connections with cities and counties, he is unaware of what is required to interface with these municipalities. He went on to note cities/counties are not required to use the portal but are strongly encouraged.

Teresa Rivera concluded the discussion by highlighting the benefit of integrating as many services as possible. She further went on to use the example of the use of Health Information Exchanges (HIEs) to assist with disaster response during the 2017 Hurricane Harvey disaster in Texas to highlight the advantages of providing HIE services within the citizen portal; Dave agreed.

Action Item #2: Dave will meet with DOH leadership to discuss health services that will be included in the citizen's portal.

Action Item #3: Dave will follow up with UHIN to discuss potentially integrating CHIE services into the citizen's portal.

Action Item #4: After completion of the plan, Dave will provide a draft to UDHSC to ascertain that it

aligns with the State HIT plan.

c. **HB 387 Draft Report Review**

Navina presented the draft report related to HB387 and discussed work done by the Board such as dashboard updates, the addition of a mental health member, and establishment of the telemedicine subgroup; view the attachment for the full report. Sheila confirmed that the document format and content is in line with what the house bill is requesting and suggested that UDHSC uses the report as a vehicle to discuss potential changes. As a result, the Commissioners discussed whether to include the addition of a new role, during this discussion, the following were highlighted:

- i. Addition of new roles
 - Pharmacy role: Although Craig Herzog is pharmacist, he represents the “non-physician” role. Therefore, Sarah suggested the addition of a pharmacy role on the Board.
 - Post-acute role: Sarah noted that UDHSC would benefit from someone who can provide insight with the transition of care. Mark Dalley echoed those sentiments and noted that there is someone in his agency that might be able to fill the post-acute role.
- ii. Bill requirements on roles: Navina noted that increasing to a fourteenth would be difficult and discussed the role requirements in the current Bill. Navina went on to point out that that the bill states that of the thirteen UDHSC members, only five are required. The mandatory five roles are: physician involved in digital healthcare, representation of rural health, member of the public, nurse involved in digital health service, and a representative of a health care system or a licensed health care facility as that term is defined in Section 26-21-2. The remaining eight members fall into one or more of categories that is defined in the code and the categories can be mixed and matched. Navina went on to recommend that the current categories be utilized to fulfill roles requested by the Commissioners.

Sarah noted that perhaps UDHSC should ascertain that persons are clear on their roles and not place emphasis on roles and titles. Several commissioners noted that they are unaware of their role, as a result, Sarah recommended that a future meeting should provide an overview of UDHSC, its purpose, and description of the different roles.

- iii. Being a Board of Action: Preston Marx agreed with Sarah’s point in (ii) and noted Commissioners should be more intentional about using the information received at the meetings to be more impactful. Navina noted that she provides reports about actions and recommendations the Board has provided to DOH leadership and went on to suggest that the State HIT plan be an avenue for action (the current HIT plan evolved beyond what is in the statute and it creates a strategic HIT vision for Utah).

MOTION 2: Mark recommended to continue with the Board. Sarah recommended the addition of a description of the Board, the Board’s power and successes. Craig made the motion to approve the report, Tamara seconded.

Action Item #5: Add a description of the Board and successes in the last year to the annual report.

Action Item #6: Navina will remove any progresses that is before August 1st, 2019.

Action Item #7: At a future DHSC Meeting provide an overview of DHSC, its purpose, and a description of the different roles.

d. Update HIT Plan

- i. Health and Health Information Technology (IT) Visions: no changes needed; add information 2018 on the goals.
- ii. Utah Health IT Summary
 - Navina updated metrics that had current data, and added a compare column for above and below. Navina posed the question of whether to only update the table for metrics which have updated information; Sarah and Tamara agreed.
 - Teresa suggested adding a measure related to Dave's business and citizen portals (for example, a measure related to utilization).
 - Sarah suggested the need for public health reporting data, however, Navina noted ONC's website does not have any public health data. As a result, Teresa recommended finding other places for national comparison numbers such as Medicaid. Navina indicated that she will follow up with Matthew Ash regarding potential comparison numbers.
- iii. Goals and objectives
 - Added the Controlled Substance Database and Partnering Showcase projects
- iv. Removed the table that mapped projects to goal but added in each project has the goal and objectives and changed headings based on the intention of the goal.
- v. Added 'Appendix B – Completed Projects' after the acronym list.

MOTION 3: Sarah motioned to approve the IT plan, Craig seconded. All ayes

Action Item #8: Add one of Dave's project added to the HIT plan next year.

Action Item #9: Add projects start and end dates.

Action Item #10: Move 22 (Utah Regional Health Care Innovation Day) to Appendix B – Completed Projects

e. CMS & ONC Proposed Rules Summary

Teresa provided an overview of the two CMS and ONC proposed rules (see handouts for a summary of each rule). Teresa noted that the CMS rule is patient-driven and highlighted the following:

- i. CMS payer programs will publish, maintain and test APIs so that patients have access to their

claims Information; this work was done for the Bluebutton initiative. Teresa noted that this is a huge lift and can be required as early as 01/01/2020. The data available to the patient would include medical, pharmacy, and formulary data as well as a provider directory.

- ii. Payers would be required to be part of a trusted exchange network. Teresa noted that this requirement should not be difficult to meet if the payer is connected to the CHIE.
- iii. Payers should be able to share claims information with new payers. With this requirement, payers would have to receive and transform the data. Teresa noted that this requirement can be a heavy lift for payers and payers are not being diligent in paying attention to this new requirement.
- iv. MA's and MCOs will be required to maintain a coordination process with other payers of five years' worth of claims data (USCDI format).
- v. Encouraging all payers to align with the Da Vinci Project (use of APIs for look-up services on prior authorization as well as other Da Vinci use cases). Teresa will bring more on the Da Vinci project.
- vi. CMS will identify hospitals that respond "no" to attestation questions preventing information blocking.
- vii. CMS will publicly identify Providers that have not updated their digital contact information on NPPES and/or answer "no" to attestation questions preventing information blocking

ONC Rule

Teresa Rivera reviewed the ONC Propose Rule on Information Blocking. Section 4004 of the Cures Act authorizes the Secretary of Health and Human Services to identify reasonable and necessary activities that do not constitute information blocking (see attachment for a summary of this rule). Teresa noted that the proposal focuses on HIEs and Vendors. She went on to point out the difficulty of defining what's information blocking based on the role but also highlighted parts of the rule focuses on exceptions to information blocking. Teresa indicated that Jon White, who was ONC's deputy national coordinator, is now the Associate Chief of Staff of Research at the VA hospital and volunteered to contact him to invite him to a future UDHSC meeting to get insight on the proposed rule.

Trusted Exchange Framework and Common Agreement (TEFCA)

Teresa Rivera reviewed the TEFCA information and explained that TEFCA is a common agreement for the use of data and provides structure for overseeing and administering policies for interoperability. The goal of TEFCA is to enable a nationwide exchange of electronic health information (EHI) across disparate health information networks (HINs). Teresa also explained that there will QHINs that will help facilitate the nationwide interoperability. TEFCA establishes "Qualified Health Information Networks" (QHINs) as a vehicle to help facilitate a standardized methodology for HIE inter-connectivity, along with a new administrative organization, the Recognized Coordinating Entity (RCE). Utah currently has a similar framework—participants are connected to the CHIE and the CHIE connects to 21 HIEs. Teresa noted that the QHIN is a level above HIEs and RCEs. For more information about TEFCA, review the related handout and/or visit ONC's website.

Action Item #11: Teresa will invite Jon White to a future UDHSC meeting.

Action Item #12: Teresa present information regarding the Da Vinci project at a future meeting.

Action Item #13: Teresa will follow the progress of the proposed rules and will keep Commissioners informed.

f. CARIN Code of Conduct for Patient Apps

Teresa briefly discussed the goal of CARIN Alliance; CARIN objective is to promote the ability for consumers and their authorized caregivers to gain digital access to their health information via non-proprietary application programming interfaces or APIs (see the presentation for an overview). During the discussion, Teresa stressed that CARIN's activities, which focuses on consumer access to data, has garnered concerns in the payer community. Teresa went on to explain that payers will be hesitant in allowing developers access to data. Teresa will continue to monitor the progress of CARIN and will bring information to the UDHSC as needed.

Action Items: None

4. Informational Items

- a. Open Board Positions:** Tamara is stepping down and Craig last meeting is September 2019. Both Tamara and Craig noted that they have potential replacements. Navina asked the group to provide other potential nominations for to her. Sarah expiring but will renew.
- b. 2020 Chair-Elect:** Navina will send an email regarding voting for the 2020 chair-elect. All nominations from Commissioners should be sent to Navina. Navina explained that Rand will chair November's meeting.

5. Wrap Up and Next Steps

MOTION 3: Having no other business, Craig motioned for the meeting to adjourn at 12:06 pm

The next DHSC meeting is scheduled for Thursday, September 5, 2019 from 10:00 am to 12:00 pm.